

Receipt 9-20-07

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101,574,910	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		10		10			61						
12		10		10			62						
13		10		10			63						
14		10		10			64						
15		10		10			65						
16		10		10			66						
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39							89						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	68	←	68	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	70		70				TOTAL CLAIMS						